cancer treatment ranges from €10,251 to €13,934). The national ICER was €26,361 per QALY, but the net cost per subject vaccinated differed across regions impacting the affordability to vaccinate multiple cohorts 12-years/catch-up to 16-years. **CONCLUSIONS:** National analyses, using national 'average' data, are the necessary starting point for the evaluation of new health technologies, addressing centralized regulatory agency requirements. However, in the Italian scenario, characterized by decentralization and local autonomy, a further level of detail is essential in order to describe the regional impact to budget holders thereby better informing local decision makers and facilitating the uptake of cost-effective health care interventions.

EE8

COST EFFECTIVENESS OF CAPECITABINE IN COMBINATION WITH OXALIPLATIN (XELOX) COMPARED TO FOLFOX (5-FU, LV, OXALIPLATIN) FOR THE TREATMENT OF METASTATIC CARCINOMA OF THE COLON OR RECTUM (CRC) FROM A UK NATIONAL HEALTH SERVICE (NHS) PERSPECTIVE

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OBJECTIVES: Capecitabine's mCRC licence was recently extended supporting its use in combination therapy. This study evaluated the cost effectiveness of replacing FOLFOX, with XELOX. **METHODS:** Based on results from phase 3 trials, demonstrating that XELOX is non-inferior to FOLFOX4 (NO16966 1st line; NO16967 2nd line), a cost minimisation analysis was performed evaluating incremental costs from the start of treatment until disease progression. Dose, treatment duration, adverse event frequency and the probability of central venous access device (CVAD) replacement were taken directly from the NO16966/7 trials. Drug costs were based on the UK list price. Administration, pharmacy and adverse event costs were taken from NHS reference costs 2005/6, the literature, and previous technology appraisals. Clinical practice assumptions were: 10% and 100% of XELOX and FOLFOX patients receive a CVAD respectively; 25% of 5FU infusions require an overnight stay in hospital, the remaining 75% use an ambulatory pump at home; 30% of patients receive hospital funded transport. Uncertainty was explored via one-way sensitivity analysis and a scenario of FOLFOX6 being replaced in 1st line (ceteris paribus) was also evaluated. **RESULTS:** Per patient, replacing FOLFOX4 with XELOX, saved (1st/2nd line) £578/£498 drug acquisition, £773/£341 CVAD placement, £8078/£5561 pharmacy and administration, and £173/£17 adverse event costs. Total savings were £9611 and £6405 1st and 2nd line respectively. In all of the scenarios evaluated in the sensitivity analysis XELOX was cost saving by more than £8636 per patient 1st line, and £5702 2nd line, compared to FOLFOX4. XELOX remained cost saving (~£6500) when compared to FOLFOX6. **CONCLUSIONS:** Replacing FOLFOX with XELOX offers the NHS considerable savings in terms of administration and pharmacy, and to a lesser extent drug acquisition costs, with equivalent efficacy. Additionally patients may prefer XELOX due to the reduction in hospital administration visits and probability of requiring a CVAD.

PODIUM SESSION II: MENTAL HEALTH II (SCHIZOPHRENIA IN EUROPE)

MH5

EFFECT OF A NURSE TELEPHONE FOLLOW-UP ON THERAPEUTIC ADHERENCE OF PATIENTS WITH SCHIZOPHRENIA

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OBJECTIVES: To evaluate the effect of a nurse telephone follow-up as a strategy for improving therapeutic adherence among outpatients with schizophrenia. **METHODS:** A 16–week, open, multicentre, randomised controlled trial. Patients fulfilled criteria for schizophrenia (DSM-IV TR criteria). To be eligible, patients had to be ambulatory in treatment with an oral antipsychotic agent. Participants were randomised to receive monthly telephone calls from a nurse of mental health center or standard clinical follow-up. Phone calls were performed at weeks 4, 8, and 12 in the intervention arm. The calls consisted of a brief interview to assess treatment compliance and Drug Attitude Inventory (DAI-10). A compliance with ≥60% of doses was used to classify patients as compliant. Primary endpoint was the difference in the percentage of compliant patients after nurse telephone follow-up versus control group at week 16. Secondary endpoints included socio-demographic data, past mental health diagnosis, Clinical Global Impression-Schizophrenia (CGI-SCH), DAI-10, and Euroqol EQ-5D. Study protocol was approved by a local Ethical Committee and all patients provided written informed consent. **RESULTS:** A total of 865 patients were studied, 65% men. Mean age: 40.08 years (SD = 11.6). Baseline socio-demographic and main clinical characteristics were similar between both groups: mean time from diagnosis: 13.08 years (SD = 9.5), mean number of hospitalisations in the last 5 years: 2.23 (SD = 2.7), mean time from last relapse: 3.1 years (SD = 3.9). A total of 88.2% (374) patients in the intervention arm were compliant vs 90.0% (397) in control arm. At baseline, mean CGI-SCH, DAI-10, and EQ-5D scores were similar in both groups. At week 16, 410 (96.7%) patients fulfilled compliance criteria in the intervention group vs 402 (91.1%) in the control group. An absolute difference of 5.5% was found between groups (CI95%, 2.3–8.6%; $p = 0.0007$); OR 3.57 (CI95%, 1.81–7.04). Mean global CGI-SCH and DAI-10 scores were better in the intervention arm: 3.07 vs 3.25 $p = 0.009$; 6.05 vs 5.19 $p < 0.0001$, respectively. **CONCLUSIONS:** Despite a high baseline rate of compliance of the studied population, nurse telephone intervention increased antipsychotic adherence. A nurse telephone follow-up could be a complementary strategy to improve therapeutic adherence in schizophrenic patients.

MH6

ADHERENCE, PERSISTENCE, COSTS AND QUALITY OF LIFE IN PATIENTS TREATED WITH ANTIPSYCHOTIC DRUGS: RESULTS FROM THE COMETA STUDY

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OBJECTIVES: To assess adherence, persistence, costs and Health-Related-Quality-of-Life (HRQoL) in patients undergoing

antipsychotic treatment. **METHODS:** A naturalistic, prospective cohort study, named COMETA, was conducted in 2006–2008. Subjects aged 18–40 years, diagnosed with schizophrenia or schizophreniform disorder ≤10 years before, were enrolled in 86 psychiatric centres throughout Italy and followed-up for a target period of 52 weeks. Data on socio-demographic, clinical status, adherence, HRQoL, resources consumption were collected (societal perspective adopted to estimate costs). **RESULTS:** A total of 637 valid patients (mean ± SD age = 30.9 ± 5.9, 65.0% male) were enrolled and followed-up to 63.9 weeks. At enrolment, the Positive-and-Negative-Syndrome-Scale (PANSS) mean ± SD score was 86.6 ± 27.4, the Clinical-Global-Impression-Severity (CGI-S) mean ± SD score was 4.3 ± 1.1, the Global-Assessment-of-Functioning (GAF) mean ± SD score was 54.1 ± 13.8. With EQ-5D 68.8% of patients reported moderate/severe anxiety/depression, 52.7% reported problems with usual activities, 37.8% reported pain/discomfort, 21.4% had problems with mobility, 16.7% problems with self-care, VAS mean ± SD = 63.5 ± 17.9. SF-36-PCS mean ± SD = 47.5±9.3, SF-36-MCS mean ± SD = 39.0 ± 9.6. During 90 days before enrolment, 1.9% patients did not take any antipsychotic drug, while 27% took 2–5 different drugs. The Drug-Inventory-Attitude (DAI-30) mean ± SD score, assessing the patients' subjective attitude toward antipsychotic therapy, was 43.4 ± 5.0. Physicians reported that 71.1% patients always took the prescribed antipsychotic therapy. Eighty-five percent of medical costs occurring 90 days before enrolment were: €114.00/patient-month for psychotherapy, €105.75/patient-month for hospitalizations (€89.49€ for relapse), €86.37/patient-month for antipsychotics, €13.74 for concomitant drugs. The patients persisted to treatment with oral typical, atypical or long acting/depot drugs on average 53.9 weeks. During the follow-up, psychotherapy cost was 100.03€/patient-month, hospitalizations cost €57.26/patient-month, antipsychotic drug therapy cost €126.10, concomitant therapy cost €16.47/patient-month. At the end of follow-up the patients' clinical status, HRQoL and attitude toward treatment was on average improved. **CONCLUSIONS:** Increase of adherence and persistence toward antipsychotic treatment is a primary goal to be reached for the improvement of well being in schizophrenic patients and for making more efficient investments.

MH7

PATIENT REPORTED OBJECTIVES AND PRIORITIES FOR THE TREATMENT OF SCHIZOPHRENIA IN GERMANY: A MIXED METHODS APPROACH TO CAPTURING THE PATIENT'S PERSPECTIVE

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Almost 75% of schizophrenia patients do not comply with their prescribed treatment leading to high relapse rates. Patient centered care (PCC) incorporates patient priorities into treatment decisions, and has been proposed as a means to enhance compliance and improve health outcomes among patients with schizophrenia. PCC requires that patient objectives, priorities, and desired outcomes be quantified and incorporated into treatment decisions. Patient priorities for the treatment of schizophrenia have not been evaluated. **OBJECTIVES:** To identify the spectrum of patient objectives and priorities associated with the treatment of schizophrenia. **METHODS:** Data was collected across Germany in two stages: focus groups (n = 30) and individual in-depth patient interviews (n = 25). Patients were eligible for inclusion if they had been diagnosed with schizophrenia had undergone treatment with an antipsychotic medication for at least one year and, their disease was stable. The focus group interviews were used to identify key attributes. These key attributes were then quantified by a card sort exercise in individual interviews. Results were analyzed using modified version of the Borda Count on a scale from 0 to 100 and validated by triangulation methods. **RESULTS:** Focus group interviews identified 13 objectives of primary importance to the patient. The card sorting exercise during the in-depth interviews yielded the top five attributes: therapeutic minimization of symptoms (75.43), ability to concentrate/ think clearly (75.34), ability to participate in social activities (69.93), alliance with physician (66.19), and avoiding acute symptoms (62.62). The scores ranged from 29.42 to 74.43 out of a possible 100 points. **CONCLUSIONS:** Traditionally, treatment for schizophrenia has focused on remission of symptoms; however, patient's top priorities involve the processes of care. Addressing patient's priorities and improving the entire treatment pathway will likely lead to increased compliance with treatments and ultimately improve clinical outcomes.

MH8

DIRECT COST OF TREATING PATIENTS WITH SCHIZOPHRENIA IN GREECE: REAL-WORLD DATA FROM THE ELECTRONIC SCHIZOPHRENIA TREATMENT ADHERENCE REGISTRY (E-STAR)

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OBJECTIVES: The purpose of this study was to estimate the direct cost of treating patients with schizophrenia in Greece, based on 12-month retrospective data collected at baseline from e-STAR. **METHODS:** e-STAR is an ongoing, international, prospective, observational study of clinical and economic outcomes in schizophrenic patients who switch to a new antipsychotic. e-STAR captures real-life data both in the inpatient and outpatient settings based on a systemic data collection form via a secured web-based system. At baseline, psychiatric-related resource utilisation, such as hospitalisation, community care, visits to health care professionals, diagnostic procedures and use of medication, was retrospectively collected for the previous 12 months. Unit costs were derived from published literature, price lists of social insurance funds, the Greek NHS and the private sector. **RESULTS:** Data from 798 patients (57.5% male) who were enrolled in e-STAR in Greece and diagnosed with schizophrenia were analysed. The mean age of the study population was 39.5 years and the mean time since diagnosis was 12.4 years. Analysis of resource utilization data indicated that total length of stay in public psychiatric hospitals was 2.7 times higher than that in private clinics. Outpatient care mainly consisted of visits to psychiatrists, whereas visits to other relevant health care professionals were very low. Finally, the total annual cost per patient with schizophrenia was estimated at €3729, of which 64.5% referred to hospital and community care, 18.5% to outpatient care, 6.0% to diagnostic procedures and only 11.0% to medication. **CONCLUSIONS:** This is the first time that large-scale Greek real-life data are used in the field of the economics of schizophrenia in Greece. The results of this study are in general agreement with findings of previous studies conducted in Greece and Europe. Further research needs to be undertaken in this field when long-term prospective data become available from e-STAR.